Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

61671

Application ID:

10709784

Title of Invention:

LOGIC CIRCUITS HAVING LINEAR AND

CELLULAR GATE TRANSISTORS

First Named Inventor:

Victor Chan

Domestic/Foreign Application:

Domestic Application

Filing Date:

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Attorney Docket Number:

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Deposit Account Name:

James J. Cioffi

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PATENT APPLICATION	SERIAL	NO.	

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED OR BASIC FEE BASIC FEE 385.00 NUMBER EXTRA 770.00 TOTAL CHARGEABLE CLAIMS minus 20= XS 9=. X\$18= OR INDEPENDENT CLAIMS minus 3 = X43 =X86= OR. MULTIPLE DEPENDENT CLAIM PRESENT +145 =+290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) **SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) CLAIMS HIGHEST ADDI-4 ADDI-REMAINING NUMBER PRESENT AMENDMENT RATE TIONAL AFTER RATE TIONAL PREVIOUSLY **EXTRA AMENDMENT** FEE PAID FOR FEE Total Minus X\$ 9= X\$18= OR Minus Independent X43 =X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE · (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER **AMENDMENT** RATE TIONAL **AFTER PREVIOUSLY** TIONAL RATE **EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR independent Minus = *** X43=X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST C ADDI-ADDI-REMAINING **NUMBER PRESENT** AMENDMENT AFTER **PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA AMENDMENT PAID FOR** FEE FEE Total Minus = ** X\$ 9= X\$18= OR Independent Minus = X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +290= +145= OR' * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.